

TOTNES RURAL DISTRICT



ANNUAL REPORT 1962.

TOTNES RURAL DISTRICT

ANNUAL REPORT
OF THE HEALTH OF THE DISTRICT
FOR THE YEAR 1962

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MEDICAL OFFICER OF HEALTH

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TOTNES RURAL DISTRICT COUNCIL

To the Chairman and Members of the Public Health Committee

Mr Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1962. In this, my fourth annual report, I have omitted the vital statistics for the area in order that the report could be presented to you before the termination of my appointment as your Medical Officer on the 31st March 1963. These vital statistics will be made available by the Registrar General during the following month and it will then be necessary for these statistics to be included in a separate appendix to this report by my successor.

In this report I have endeavoured to give an account of the work carried out by the Public Health Department during the year, to comment on problems encountered and to mention factors that will merit consideration in the future. I consider it necessary to keep this Public Health Committee informed of any measures that may be required to avoid, prevent or modify community diseases. At the same time it is vital to ensure that a healthy environment is maintained.

Statistics - The vital statistics have not been included in this report. It will be observed that the population of the district continues to increase and the figure of 14,310 shows an increase of 160 over the 1961 census figure. Reference is made in this section to a review of the deaths of young adult males in the area during a period of 12 years. It is unfortunate that deaths from motor cycle accidents are becoming all too common in this age group.

Health Services - Section B of the report covers the general provision of health services in the district. The mass miniature radiography units provide a useful service to the community but more persons in the older age groups must be persuaded to attend these units. The home help service continues to have great demands made on it whilst the chiropody clinics should prove a boon to many elderly persons.

Infectious Diseases - Section C deals with the prevalence and control of infectious diseases. Measles continues to be a troublesome disease and few children seem to escape the illness. It was necessary to exclude one person from his work during the year because of the risk of the spread of a milk borne infection. Reference has been made to poliomyelitis vaccination, influenza vaccination and smallpox vaccination. I trust that parents will continue to have their babies vaccinated against smallpox. Indeed, if ever a smallpox outbreak occurs in this area, I hope that all the contacts have been vaccinated in the past because the subsequent revaccination will then result in a rapid revival of immunity with little likelihood of a severe local reaction.

Sanitary Circumstances - The sanitary circumstances in the area are described in Section D. Almost the whole of the district is now supplied with water by the South Devon Water Board and I would like to take this opportunity of expressing my appreciation of the help and co-operation that has been given to me by the Board's Engineer and Medical Officer. The provision of new sewage works and the enlargement of existing sewage plants has constantly been under discussion throughout the year. A new sewage works is urgently required at Galampton and Berry Pomeroy whilst enlargements are needed at Marlton. These matters are already being taken care of, however. The lack of suitable tipping sites for refuse is causing much concern. As neighbouring local authorities are also short of sites, I think it is essential that new sites are found within the district. It is disturbing to observe how often neglected, disused, useless pieces of land suddenly become valuable and indispensable when it is suggested that they could be utilised as tipping sites. If the community wish to have a refuse disposal service then they must co-operate in helping to provide suitable disposal sites.

Food Hygiene - Section E gives details regarding the inspection and supervision of food. In all food businesses it is hoped to find good premises, good equipment and a staff well trained in the practice of food hygiene. It is particularly important that food handlers are fully acquainted with the requirements of the Food Hygiene Regulations.

Housing - Housing is discussed in Section F. In the past I have frequently made reference to housing improvement grants. The majority of these grants continue to go to owner/occupiers and rented accommodation hardly benefits at all. The position would perhaps improve if financial arrangements connected with these grants were improved. On the other hand I think the time has already arrived when legislation can now be introduced to enforce the provision of certain specified amenities.

General Health - Topics concerning general health are discussed in Section G. Whilst I hope that members of the public are now aware of the dangers of cigarette smoking, I think that local publicity has done very little to reduce smoking in the community. The problem should now be tackled on a national scale. It has become possible to secure the adjustment of the fluoride content of water to a suitable concentration in order to reduce the incidence of dental decay in the community. It is hoped that the opportunity will now be taken to help prevent tooth decay which is, next to the common cold, the most frequent disease of mankind. Comments have been made on the use of toxic chemicals in agriculture. At the present time hazards from such chemicals are minimal providing the recommendations made regarding their use are properly observed.

The Future - In the immediate future consideration will have to be given to a number of factors that directly or indirectly affect the health of the community. The shortage of satisfactory housing units for certain groups of the population may cause some concern. The proportion of old people in the community will increase and more old persons dwellings will be required. Having regard to the increasing number of old persons, I think it is possible that a "meals on wheels" service might well be required in certain parts of the district in the future. More action is needed to discourage cigarette smoking but I do not think that any vigorous action is likely to be carried out at district council level in this area. A decision must soon be made as to whether this community is to have an adjustment of the fluoride content of its water. More work will be involved in the administration of the future "offices act", but the provisions in the act will be welcomed by all persons who have an interest in the health of the community. It will be necessary to discover safer chemicals to replace the more toxic ones used as pesticides in agriculture.

Conclusion - I would like to close on a personal note by first thanking the members of the public health committee for their support during the year and their willingness to consider the various items I have raised in my monthly health reports. The officials and staff of the Rural District Council have always made their services readily available to me and I would finally like to thank Mr Waine and his fellow public health inspectors who have continued to maintain a very high standard of public health practice during the year.

I have the honour to be,

Your Obedient Servant,

F. T. Hunt
.....
F.T. Hunt.

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

CHAIRMAN	Councillor J.D. Warren.
VICE CHAIRMAN	Councillor Lt. Col. A.F. Hanks, M.C.
THE CHAIRMAN OF THE COUNCIL	Councillor G. Gill, JP.,

together with

All the members of the Council.

PUBLIC HEALTH STAFF

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SECTION A.

STATISTICS

Area	80,970 acres.
Riverfrontage of tidal waters	17 miles.
Number of inhabited houses	4,769
Dwellings owned by the Council (31st March 1962)	600
Council dwellings per 1,000 population	42.4
Rateable value (1st April, 1962)	£200,495
Estimated product of ld. rate	£812
Estimated mid-year population	14,310
Population at 1951 census	13,924

VITAL STATISTICS

The vital statistics relating to births, infant mortality rates, maternal mortality and deaths will be presented as a separate appendix to this report in the near future. The information which is necessary for compiling these statistics is not expected to be made available by the Registrar General until the end of April.

Review of Young Adult Male Deaths

An opportunity was taken during the year to review the causes of the deaths of young adult males that had occurred within the boundaries of the Rural District during the years 1950-61 inclusive.

The death rate for males in the age group 16-24 years is naturally low and only 11 male residents of the Rural District in this age group died during the 12 years under review. It was disturbing to find, however, that 8 of these deaths were due to motor cycle accidents. The remaining 3 deaths were the result of natural causes. During these same years 5 adult males in this age group, visitors to the Rural District, also died in the area. All 5 of these were the result of road accidents and, in 3 cases, the young men were riding motor cycles.

Investigating the fate of the 13 male residents in the 25-30 age group who died during this same period of time, it was found that only 2 of these deaths were caused by road accidents. Three other persons died as a result of accidents at their work and, in 2 instances, death was the result of a tractor accident. Two more of the 13 persons committed suicide and the remaining 6 men died as a result of natural causes.

Of the 9 male non-residents in the 25-30 age group who also died during this same period in the Rural District, only 4 met their death as a result of road accidents. The remaining 5 men died as a result of natural causes.

Road traffic accidents now appear to be the commonest cause of death for adolescent and young adult males. Motor cycle accidents affect the younger age groups most heavily and it must be remembered that, for every person killed, there are probably 10 persons seriously injured whilst three times that number would probably receive minor injuries.

SECTION B.

GENERAL PROVISIONS OF HEALTH SERVICES

1. Hospitals

The Rural District is served by hospitals in Totnes, Dartmouth, Paignton, Newton Abbot, Ashburton, Torquay and Bittaford.

2. County Council Health Services

Under the National Health Services Act 1946, the County Council provides the following services:

Domiciliary midwives, home nurses, health visitors, supervisory care of expectant and nursing mothers and children under five, ambulance services, vaccination and immunisation procedures, home help services and the care of persons suffering from illness or mental disorders and the aftercare of such persons.

9 district nurse/midwives work in the district together with three health visitors and a nursing assistant. Child welfare clinics are held at regular intervals in South Brent, Stoke Gabriel and Kingswear. The home help service is provided by the County Council. A chiropody service has now been introduced for the handicapped, the aged and expectant mothers. Chiropody clinics are held in South Brent and Stoke Gabriel.

3. Laboratory Services

Bacteriological examinations of pathological specimens and samples of milk, water and ice cream are carried out at the Public Health Laboratories at Exeter and Plymouth. The chemical analysis of water is undertaken by public analysts at Exeter.

4. Mass Miniature Radiography Service

A mass miniature radiography unit visited the area once during the year when it was sited in Stoke Gabriel. 149 persons attended this unit. No cases of active tuberculosis were detected but one person was found to be suffering from lung cancer whilst chest abnormalities were detected in three other persons.

It is particularly important that adults in the older age groups should attend these units. These are the persons who are usually reluctant to volunteer to attend such examinations, perhaps due to apathy, ignorance or fear. At the present time it would appear that active tuberculosis is most likely to be found among men over the age of 45 years.

5. Home and Domestic Help Service

The County Council have now appointed a full time home help organiser who is responsible for this service in the rural parishes between Paignton and the Borough of Totnes. Her central office is at 14, Midvale Road, Paignton and she has the use of an office in the Medical Department when she visits Totnes each week. Councillor Mrs Currie continues as organiser of this service for the other parishes in the rural district.

This service aims to provide essential domestic help in cases of maternity, sickness, convalescence, old age and infirmity. The service is not free, but if persons are unable to pay the full charge then they are assessed according to their means.

SECTION C.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

1. Infectious Diseases Notified during the Year.

95 infectious diseases were notified during the year and they included:-

Measles	83 cases
Pulmonary tuberculosis	3 cases
Non-pulmonary tuberculosis	2 cases
Whooping cough	3 cases
Scarlet fever	2 cases
Dysentery	1 case
Acute pneumonia	1 case

Measles was very prevalent during the month of June. 28 cases occurred in children under school age whilst 50 cases occurred in children in the 5-8 age group. Measles continues to be a troublesome complaint in primary schools. Although the fatality rate is low it would seem that few children escape this infection and the disease is responsible for much illness. It is hoped that, in the near future, an effective vaccine will be available for immunisation against measles. When such a vaccine is introduced I think that measles will become an uncommon disease.

Scarlet fever and whooping cough occurred in young children, whilst acute pneumonia, dysentery and tuberculosis occurred in adults. It is interesting to note that the three cases of pulmonary tuberculosis occurred in men aged 45, 62 and 77 respectively. There is no doubt that active tuberculosis in men increases with advancing age and this is one reason why all men over the age of 45 should have a chest x-ray at regular intervals of time.

2. Outbreaks of other Infectious Diseases

There are a number of infectious diseases which are not notifiable diseases and are therefore not referred to the Medical Officer of Health. A knowledge of the incidence of such diseases in the community is often only acquired when they become widespread and extensive.

Chickenpox was very prevalent in May, whilst german measles occurred in young children during the months of May, June and July. Respiratory infections affected persons of all age groups in the last two months of the year.

3. Prevention of Spread of Infectious Diseases

In October it was found necessary to exclude a local resident from his work because of the risk of the spread of infection. The man concerned had suffered from an acute inflammation of the throat and it was necessary to exclude him from his employment because his work was concerned with the handling of milk and cream. Following repeated medical and bacteriological examinations he was eventually found fit to resume his employment after a total of 8 days exclusion. The action was taken in accordance with Section 19 of the Milk & Dairies (General) Regulations 1959 and appropriate financial compensation was made to the man by the Rural District Council.

4. Immunisation and Vaccination.

Vaccination and immunisation is available to give protection against such diseases as smallpox, poliomyelitis, whooping cough, diphtheria, tetanus and tuberculosis. These procedures can be carried out by local medical practitioners and also, under the Devon County Council scheme, sessions are carried out at local schools and the local infant welfare clinics.

5. Oral Poliomyelitis Vaccine

During the early part of the year oral poliomyelitis vaccine was made available to all persons under the age of 40 years and all persons in the priority groups who had not previously been vaccinated against the disease. This oral vaccine has become very popular, particularly with children.

6. Influenza Vaccination

Influenza vaccination for selected groups of the population is now becoming a recognized public health measure for the reduction of this disease during winter months. Vaccination will reduce the chances of contracting the disease by about two thirds. It is considered to be of particular value to persons already suffering from cardio vascular diseases and diseases of the lungs.

7. Smallpox Vaccination

It is still considered desirable that routine smallpox vaccination should be carried out in infancy. Not only does this vaccination provide protection at least until the age of school entry, but it also makes it likely that subsequent revaccination will result in a rapid revival of immunity with a diminished risk of severe local infection.

In the light of present information, smallpox vaccination should be offered to children during the first two years of life. Persons who work in such establishments as hospitals, laboratories and laundries should be fully protected by vaccination. Regular revaccination is also necessary for certain groups of workers including ambulance drivers and local authority staff who might come in contact with the disease during routine work.

8. Detection of Tuberculosis

Tuberculin skin testing was carried out on all children attending county primary schools in the district and also on children in the 13 year age group during the year. This test may indicate if the child is suffering from or has suffered from tuberculosis. The early onset of tuberculosis can be detected in the child or in the child's family. The scheme has, as its main object, the detection of previously unsuspected cases of tuberculosis. The examination of the child gives the lead for tracing the source of the infection in the community.

9. International Vaccination Certificates

In order to prevent the spread of infectious diseases, several countries require that visitors should be vaccinated or inoculated against specified diseases. International certificates have now been prescribed for smallpox, yellow fever and cholera.

When completed by the medical practitioner these certificates must be authenticated by the health department of the local authority. It is the responsibility of travellers to see that international certificates of vaccination are available both for their family doctor to sign and the health department to authenticate. These certificates should be obtained by the travel agency organising the individual's journey. It is not the responsibility of local authorities to provide these documents.

95 international certificates of vaccination were authenticated during the year.

SECTION D.

SANITARY CIRCUMSTANCES OF THE AREA

1. Water

The South Devon Water Board supplies the greater part of the district. As well as supplying water from its own sources of supply, the Board has distribution mains for Paignton water at Marldon, Stoke Gabriel and Holne. Churston Ferrers has a main water supply from Paignton whilst springs and wells supply a number of hamlets and scattered groups of houses and farms. The S.D.W.B. has continued to extend its mains in the district and a supply has now been made available to Aish, Stoke Gabriel. This supply has replaced the shallow well that previously supplied this hamlet. It will be recalled that contamination occurred at this well in September, 1961.

Towards the end of the year a privately owned piped supply, which distributed water to some properties in the lower part of Galmpton, suffered damage and consequently there was a shortage of water in that area for several weeks before the damage was detected and repaired. Fortunately Paignton U.D.C., the statutory water undertaking, very kindly and swiftly erected stand pipes which alleviated the difficulties until the supply was restored. Negotiations are now in progress with that authority with regard to the extension of its main in another part of this village so as to ease the demand on the private supply. Apart from this instance the quality and quantity of the water supplied to the district was regarded as satisfactory during the year. Frequent bacteriological examinations were carried out by the S.D.W.B. on treated water, taken from various parts of the district, and these were always found to be satisfactory. Similar satisfactory results were obtained on the water supplied by the Paignton U.D.C.

Dwellings Supplied from Public Water Mains

Parish	1951 pop.	No. dwellings with piped water (direct)	No. dwellings relying on stand pipes.
Ashprington	316	72	Nil
Berry Pomeroy	374	48	Nil
Buckfastleigh	293	42	Nil
Churston Ferrers	971	610	6
Cornworthy	292	40	Nil
Dartington	1192	83	Nil
Dean Prior	196	13	Nil
Diptford	369	76	Nil
Dittisham	529	169	113 13
Halwell	248	56	2
Harberton)			
Harbertonford)	954	70	5
Holne	283	58	Nil
Kingswear	730	237	Nil
Littlehempston	171	35	Nil
Marldon	783	461	1
Morleigh	94	26	Nil
North Huish	338	68	Nil
Rattery	364	87	Nil
South Brent	1851	469	Nil
Staverton	649	97	Nil
Stoke Gabriel	867	349	Nil
Ugborough	2062	340	Nil

2. Refuse

Refuse is collected weekly in the district and its disposal is carried out by tipping at 7 sites in the area. The collection of litter from the litter baskets and bins has placed an additional burden on the refuse collection service. Even a weekly emptying of litter bins is often insufficient in some of the more popular parts of the district frequented by motoring holiday makers.

The disposal of refuse from some of the parishes lying to the east of Totnes is giving rise to some concern. The existing tips are being filled up whilst it has so far proved impossible to find new sites in that area. On the few occasions when suitable sites have been earmarked, the owners of these sites were not prepared to let them be used for tips. As refuse is collected and removed for the benefit of the community it is hoped that some co-operation will eventually be obtained from these members of the community who own potential tipping sites.

3. Sewage Works and Sewerage System.

A new sewerage disposal plant was constructed at Cornworthy. Work commenced on the extension of sewers at Dartington to the hamlet of Week and on the enlargement of the Dartington sewage disposal plant.

A new sewage works is needed to replace the overloaded existing works at Galmpton whilst an extension is urgently required at the existing works at Marlton. New works are required at Berry Pomeroy and Capton. It is anticipated that the sewage at Dean Prior will be taken for treatment to the sewage works in Buckfastleigh.

4. Factories

This local authority is responsible for enforcing the provisions in the Factories Act, 1961 relating to sanitary conveniences and the regulations made in connection with these in all factories. The local authority is also responsible for enforcing the provisions of the Act dealing with cleanliness, overcrowding, temperature, ventilation and drainage of floors in all factories not using mechanical power. Part 8 of the Act deals with home work and the provisions relating to this are enforced by the district council. Details regarding the administration of the Act are given in Appendix A of this report.

5. Caravans

There were 17 licensed sites operating in the district during 1962. These sites catered for 39 residential and 80 holiday caravans. All the sites were used to their full capacity at some time during the year and standards of hygiene were well maintained at all sites.

6. Pest and Rodent Control

Under the Prevention of Damage by Pests Act 1949, this local authority has an obligation to ensure that, as far as is practicable, the area is kept free from rats and mice. For this purpose frequent inspections are necessary and, in addition, occupiers of land are required to give notice to the local authority whenever it comes to their knowledge that rats or mice are present on the land in substantial numbers. In the case of food premises, the notification must be made to the Ministry of Agriculture, Fisheries and Food.

Under the Act, the local authority may serve on the owner or occupier of any land, notice requiring him to take steps for the destruction of rats or mice on the land, and may also require the carrying out of any structural repairs or any other works. If such a notice is not complied with, then the local authority may carry out the destruction of the pests and recover the necessary expenses from the persons concerned.

A rodent operator works on a part-time basis for this authority, and regular treatment is carried out on the refuse tips. Test baiting is carried out in the sewerage system, and the operator frequently visits private and business premises in order to destroy pests. On these occasions a charge is made by the local authority for the operator's services.

Pest control is carried out by one of the Public Health Inspectors. Several infestations of insect pests were dealt with during the year. It would appear that house flies and cockroaches are the commonest pests encountered.

7. Health, Safety and Welfare in Offices.

The Offices, Shops and Railway Premises Bill was introduced during November 1962 and makes provision for the health, safety and welfare of persons employed in offices, shops and certain railway premises. The clauses in this bill deal with, among other things, cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water and first aid. The basis of inspection will be a register of premises and the inspection of most offices and shops will fall to local authorities (county boroughs and county districts).

It is probable that the bill will come into operation about one year after it receives royal assent. This time interval will be needed to allow owners and employers time to bring their premises into line with the requirements of the bill and to allow enforcing authorities to build up their staffs and make the necessary administration arrangements.

The clauses in the Bill will be welcomed by all persons who have an interest in community health. It must be remembered, however, that more work will obviously fall to the staff of local authorities who will be required to visit, inspect and report on these numerous premises.

8. Visits and Inspections made during the Year.

Number of inspections of dwelling houses	.....	202
" " " " food premises	.....	53
" " " " factories	.....	58
" " " " moveable dwellings	.....	51
Number of inspections made regarding water supplies	.....	30
" " " " " nuisances	.....	110
" " " " " pest and		
rodent control	.....	80
" " " " " refuse collection		
and disposal	.....	131
" " " " " meat inspection	.....	267
" " " " " drainage	.....	121
" " " " " sewage disposal	.....	10
" " " " " miscellaneous matters	.....	40

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Food Premises

There were 86 food premises operating in the district during the year and this figure includes 17 cafes and restaurants, 11 hotels and 58 retail shops. The majority of these premises were visited during the year for the purpose of advising on food hygiene and ensuring that the food hygiene regulations were being complied with.

2. Food Hygiene

It is most important that all food handlers are fully acquainted with the requirements of the Food Hygiene Regulations. Indeed, I hope the time will eventually occur when persons are obliged to receive basic instruction in these requirements before they can be employed as food handlers. A number of employers already arrange for their staff to receive demonstrations in the hygienic handling and storage of food and this is a practice to be recommended.

3. Unsound Food

The amount of unsound food surrendered or condemned during the year was as follows:-

25 lbs. tinned meat	62 lbs. tinned fruit.
6 lbs. tinned beans	4 lbs. tinned fish.

4. Meat Inspection

Three slaughterhouses operated in the district during the year and 267 visits were made for the purposes of meat inspection at these slaughterhouses. The meat inspected included:-

178 steers and heifers
16 cows and calves.
728 sheep & lambs
408 pigs.

The meat condemned totalled 617 lbs. in weight. Three entire carcasses were condemned (151 lbs.) and a number of carcasses of which some part or organ was condemned due to disease totalled 123 (466 lbs.)

5. Antibiotics in Food

With the increased feeding of antibiotics to farm animals there has naturally been some concern regarding the possible harmful effects that these antibiotics might have on persons who ultimately consume the meat from such animals. This was one of the points considered by a Joint Committee which was set up by the Agricultural Research Council and the Medical Research Council.

This Joint Committee published its findings during the year and it appears that there is no evidence to suggest that the feeding of antibiotics at the permitted levels exert any harmful effects on the animals or the persons who consume the meat from these animals. After slaughter there are only traces of antibiotics in the carcasses or in the products and these small amounts have no ill effects on human health.

HOUSING

1. Unfit Houses

During the year 5 houses were represented as being unfit and incapable of being repaired at reasonable cost. Undertakings were accepted in respect of 2 houses, a closing order was made in respect of another and consideration regarding the remaining 2 houses has been carried forward into 1963.

2. Improvement of Houses.

24 dwellings were improved with the aid of discretionary housing improvement grant and another 23 dwellings were improved with the help of statutory housing improvement grants during 1962.

There is little doubt that the majority of these grants go to owner/occupiers and that rented accommodation hardly benefits at all, with the result that persons who cannot afford to buy a house suffer accordingly. Under existing arrangements I do not think there will be any great improvement in the position in the future.

3. Overcrowding

No dwellings were known to be overcrowded at the end of 1962.

4. Houses in Multi-Occupation

In recent years there has been much concern about the unsatisfactory living conditions that exist in houses used for multiple occupation. Such houses are those let in lodgings or occupied by members of more than one family.

The Housing (Management of Houses in Multi-Occupation) Regulations 1962 came into operation during May. They provide a code of management which a local authority may apply by order under Section 12 of the Housing Act 1961, to any houses used for multiple occupation which is in an unsatisfactory condition as a result of defective management. Under such a management order it becomes possible for a local authority to ensure that certain standards are enforced. From a public health aspect it is interesting to note that standards can be applied to obtain adequate and satisfactory water supply and drainage, washing facilities, food storage, ventilation and cleanliness of rooms. It becomes possible to ensure that refuse and litter do not accumulate in the premises and that reasonable precautions are taken to prevent injury to occupants as a result of structural conditions in the premises.

Local authorities have obviously been given very strong powers under these regulations but they are designed to deal primarily with the worst type of multi-occupied houses where nothing less than strong action would be likely to achieve results. I am pleased to report that no such houses could be found in the district during the year.

5. Dwellings for the Elderly

Over recent times much research has been carried out on the basic design of dwellings and equipment that will meet the needs of elderly persons. It must be remembered that the fittings and equipment at these dwellings are just as important as the actual design and construction when they are being provided for special groups of the population.

During the year 12 old persons bungalows were built in the district and they were situated at Marlton, Staverton, Diptford and Dean Prior.

SECTION G.

GENERAL HEALTH IN THE AREA

1. Smoking and Health

During March, much national publicity was given to the report made by the Royal College of Physicians on "Smoking and Health"... In this report it was emphasised that several diseases, in particular lung cancer, affects smokers more often than non-smokers. Cigarette smokers have the greatest risk of dying from lung cancer and the risk is greater for the heavier smokers.

In past annual health reports I have invariably made reference to the association between lung cancer and cigarette smoking and consequently I hoped that the local inhabitants of this district were aware of much of the information presented in the report. I think it is extremely important that parents ensure that their children are made aware of the hazards of smoking before they have time to acquire the habit.

2. Fluoridation of Water

In September I made a report on the fluoridation of water. It is a simple, inexpensive way of reducing the incidence of dental decay and it would obviously be of considerable benefit to this community if the fluoridation concentration in drinking water was brought up to a level of 1 p.p.m.

Approval under Section 28 of the National Health Service Act can now be given to proposals from local health authorities for arrangements made with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. It is hoped that, in the very near future, the deficiency of fluoride in this local water supply will be remedied.

3. The Use of Toxic Chemicals in Agriculture.

The great increase in the use of chemicals to control pests of crops and animals over recent years has often led to concern about the possible harmful effects that might follow their use. In aiming to maintain the health of the community one must naturally be concerned about the risks involved by persons who have to handle or apply poisonous chemicals and the possible harmful effects that residual pesticides in food may have on the consumers of this food.

At the present time hazards to users are minimal if the regulations laid down or the recommendations made are properly observed. There would appear to be no evidence of harm to consumers of crops or food treated with pesticides. Official recommendations for the safe use of pesticides are so framed that any residue in food should be far below any dose liable to harm the consumer.

On the other hand, there is some risk to the general public if containers of pesticides are not properly cleansed after use and are carelessly thrown away. Passers by who investigate them are at risk from the dregs of the chemical in the container. It is important that there should be a safe disposal of such containers. It would also seem desirable to discover safer chemicals to replace the more toxic ones in the future.

APPENDIX A.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1962 FOR THE

RURAL DISTRICT OF TOTNES IN

THE COUNTY OF DEVON

Prescribed Particulars on the Administration of the
Factories Act, 1961

PART 1 OF THE ACT

1. Inspection for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Number of		Occupiers Prosecuted (5)
		Inspections (3)	Written Notices (4)	
Factories in which sections 1,2,3,4, and 6 are to be enforced by Local Authorities	2	2	-	-
Factories not included in (1) in which Section 7 is enforced by the Local Authority	50	26	1	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	30	30	-	-
Total	82	58	1	-

2. Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Insp. (4)	By H.M. Insp. (5)	
Want of cleanliness (S.1)	3	3	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Reasonable temp.	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors	-	-	-	-	-
Sanitary conveniences a) Insufficient, b) unsuitable or defective, c) not separate for sexes	1(a)	2	-	1(b)	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	4	5	-	1	-

Part 8 OUTWORK. SECTIONS 133 and 134

During 1962 there was one outworker in the district.

Nature of work	Section 133		
	No. of out-workers in August list.	No. of cases of default in sending lists to Council	No. of prosecutions for failure to supply lists.
Making wearing apparel.	ONE	Nil	Nil
	Section 134		
	No. of instances of work in unwholesome premises	Notices Served	Prosecutions.
	Nil	Nil	Nil

